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Combat veterans face significant obstacles upon their return home. The damage inflicted by combat duty can leave a veteran scarred and suffering from many mental health challenges, including PTSD, TBI, substance abuse, and depression—among others. Officials in the criminal justice system have noticed an increase in veteran arrests since the onset of the U.S. War on Terror. In the year 2011—in San Francisco County, CA alone—the county jail booked in an average of 97 veterans a day. Responding to this rising problem, a growing number of counties in the U.S. have begun developing Veteran Treatment Courts as a diversion program for combat veterans who have committed their first criminal offense. These programs are designed to hold veterans responsible for their criminal actions, while providing specialized services that acknowledge their service and the challenges they face as returning veterans. This Senior Capstone project examines the history, model, and evaluation of Veterans Treatment Courts and proposes the establishment of one in Washington County, Oregon.

Introduction

In the United States incarceration has become increasingly rampant. Currently the U.S. has the highest incarceration rate of any country in the world. This is significant as the U.S. accounts for only five percent of the world's population, but over twenty-three percent of the world's prison population. Additionally, our incarceration rate is four to seven times higher than any other western nation. The United States has become reliant on imprisonment as its primary response to all types of crimes—this includes even minor violations of parole or probation. This reliance has created a prison system of an unprecedented size. Studies have shown that the U.S. locks up more people per incident than any other nation. This means that our crime rate does not fully account for our incarceration rate (National Council on Crime and Delinquency, 2006).

Over the last few decades there has been an increasing amount of substance abusers and mentally ill individuals arrested. Drug related offenses make up over thirty percent of all arrests. This has increased fifteen fold since 1980 when the rate was below eight percent (Kuziemko & Levitt, 2003). On top of this, eighteen percent of all arrests were for crimes committed for drug money (Bureau of Justice Statistics, 2005). Lamb, Weinberger, and Gross (2004) report that approximately ten to fifteen percent of persons in jails and prisons (both state and federal) have serious and persistent mental illness. To address the increased presence of these populations in the criminal justice system, counties around the United States developed specialty drug and mental health courts—both of which have shown to be effective in reducing the recidivism rates of their respective populations.

Since the onset of Operation Enduring Freedom and Operation Iraqi Freedom, the United States has begun to see a trend of combat veterans being arrested. American soldiers often come home from war having experienced intensely traumatic events. These traumatic events can be caused by a variety of things, including, but not limited to, witnessing a fellow soldier die, being wounded, the act of killing someone, or even just the trauma of experiencing warfare. Whatever the event or events might be, they can trigger significant issues, both physically and mentally, for these soldiers such as Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and substance abuse. These issues can change a soldier by affecting their personality or their ability to control their behavior/emotions, and as such, they are at a higher risk for coming into contact with the criminal justice system. One approach to addressing this issue is Veterans Treatment Courts (VTCs)—similar to drug and mental health courts.

Review of the Literature

According to the Coalition for Iraq and Afghanistan Veterans (2008), roughly 2.2 million soldiers have served in Iraq and/or Afghanistan. Inevitably, this number has increased over the years as exhibited in a Huffington Post article which claims that there have been 2.4 million soldiers who have served (Wood, 2012). This number coincides with data reported by Iraq and Afghanistan Veterans of America (2011). However, this number has also been estimated to be 2.7 million by the National Institute of Mental Health in 2012. Even though no one can seem to agree, the number of soldiers that have served in Iraq and/or Afghanistan appears to be a mean of slightly over 2.4 million. Many of these soldiers have served multiple tours of duty. According to military records and the Department of Defense, 40 percent of the approximately 2 million

troops that have served in Iraq or Afghanistan have served more than one tour—with almost 300,000 of them having served 3 or more tours (cited in Cohen, 2010; Bautista, 2011). With the war in Iraq over and the drawdown of troops in Afghanistan, a marked portion of these soldiers are returning home—many with serious problems such as PTSD, TBI, substance abuse, unemployment, and homelessness.

Post-Traumatic Stress Disorder (PTSD)

According to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition with text revision (DSM-IV-TR), PTSD can develop following "exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity" or "witnessing an event that involves death, injury, or a threat to the integrity of another person" and the person's response to this event must "involve intense fear, helplessness or horror" (p. 463). As such, PTSD is not uncommon among soldiers returning from war. In fact, according to a 2008 study conducted by the RAND Corporation, one in five soldiers (20%) will suffer from PTSD or major depression. This coincides with the experts of the United States Department of Veteran Affairs' National Center for PTSD who believe that 11-20 percent of Iraq and Afghanistan veterans will suffer from PTSD. In other research, Ruggeri (2009) found that when a soldier serves multiple (two or more) tours of duty, their risk of developing PTSD increases substantially (cited in Cartwright, 2011, p. 300). Kelly, Barksdale, and Gitelson (2011) found that the "Incident rates of PTSD were directly tied to the number of combat experiences, from a rate of 9.3 percent for soldiers involved in one or two firefights to 19.3 percent for those involved in five or more firefights" (cited in Holbrook & Anderson, 2011, p. 19).

There have been several studies on the connection between combat veterans with PTSD and criminal behavior. One such study was done by Collins and Bailey (1989). Their study focused on PTSD and violence among both veteran and non-veteran offenders. They examined the histories of 1,140 male, North Carolina prison inmates in order to determine the effect of PTSD on the prisoners' commission of violent crimes (cited in Holbrook & Anderson, 2011, p. 11). Collins and Bailey (1989) found that 85 percent of inmates that reported at least one symptom of PTSD—and had been arrested for a violent offense—had experienced their first PTSD symptom before or during the year of their arrest. Furthermore, they found that inmates with PTSD were 6.75 times more likely than those without PTSD to have been arrested for a violent offense in the year previous to their imprisonment (cited in Holbrook & Anderson, 2011, p. 12).

A more recent study done by Daniel (2008) uses the Collins and Bailey (1989) study as its foundation and then applies recent data to see if the findings are still relevant today. Daniel (2008) identifies and includes the main premises and findings of Collins and Bailey (1989) and applies data from the Bureau of Justice Statistics from 2000 and 2004. What he found was that 20 percent of both Federal and State prison incarcerated veterans and 21 percent of jail incarcerated veterans had served in combat and over half of imprisoned veterans in state facilities and less than a quarter of those in federal facilities were incarcerated for committing violent crimes.

The movement to determine and understand the link between PTSD and criminal behavior is not strictly an American effort. Friel, White, and Hull (2008), from the United Kingdom, conducted a systematic study of international lecture on PTSD and its relation to

criminal behavior. They looked at PTSD in relation to prevalence, violence, and criminal responsibility as well as common treatment options for PTSD. Friel et. al (2008) found that "Although the relationship between PTSD and violence is complex, there does appear to be a direct association mediated either by anger or the core features of PTSD including flashbacks, sleep disturbance, labile mood, and increased anxiety, as well as the phenomenon" of "combat or action addiction" (p. 81). They argue that "PTSD is relevant across the spectrum of criminal responsibility including insanity and diminished responsibility" and that it is "increasingly important that we become experience in the assessment, diagnosis, and treatment of PTSD" (Friel, White, & Hull, 2008, p. 81).

If untreated, PTSD can cause a wide range of issues which may lead a soldier to commit a crime. For example, a soldier that is constantly reliving their combat experiences can have flashbacks, nightmares, increased aggression, and hypervigilance, all of which can lead them to act out in an effort to protect themselves or another (Cavanaugh, 2011; Cartwright, 2011). According to Cavanaugh (2011), PTSD can cause increased anxiety and numbness. She argues that this increased anxiety can have two possible outcomes. The first of these outcomes is that veterans "will engage in sensation-stimulating conduct to compensate for the numbness that they feel" (p. 468). These sensation-stimulating activities can be illegal thus exposing the veteran to the risk of incarceration. The second possible outcome for these veterans is that they "will look to drugs and alcohol for self-medication" (p. 468). Self-medication is the use of drugs, illegal or misused prescriptions, or alcohol to alleviate an illness without the supervision of a medical professional (The American Heritage Stedman's Medical Dictionary, 2002).

These outcomes are why, according to Wilson and Zigelbaum (1983), it is common for soldiers to commit crimes such as drug violations, assault, domestic violence, disorderly conduct, manslaughter, or weapons violations (cited in Holbrook & Anderson, 2011, p. 120). PTSD can also lead to self-medication using drugs or alcohol thus offering another path for them to have negative contact with the criminal justice system. Substance abuse will be discussed in a later section of this paper.

Traumatic Brain Injury (TBI)

According to the Mayo Clinic a traumatic brain injury, or TBI, occurs when an external force cause the brain to become dysfunctional. The external force can be a violent blow, a jolt of the head, or the penetration of the brain by an object. TBI can be anywhere from mild to severe and can cause pronounced and permanent damage to the brain (Cartwright, 2011).

The Military Health System has found that between the year 2000 and the second quarter 2012, there have been 253,330 American soldiers diagnosed with TBI. The statistics indicate that these cases are mostly mild or moderate in severity and that soldiers who serve in the Army are considerably more likely to receive a TBI than those serving in any other branch of the armed forces.

Several research studies have been done on the relationship between TBI and criminal conduct. One such study was done by Rao, Rosenberg, Bertrand, Salehinia, Spiro, Vaishnavi, Rastogi, Noll, Schretlen, Brandt, Cornwell, Makley, and Miles (2009). For their study, the researchers focused on aggression as a manifestation of TBI. They recruited 107 subjects that had experienced their first closed head injury within the previous three months. They then

performed two separate evaluations—the first to assess pre-TBI functioning and the second, at the three month mark, to assess psychological issues and cognitive functioning. 40 of the 107 subjects failed to complete the second evaluation and were excluded from the analysis portion of the study, leaving 67 subjects. Rao et. al (2009) found that the prevalence of aggression was 28.4 percent and the most prevalent form of aggression was verbal. While verbal aggression is not a violent form it can still result in arrests for harassment or menacing.

Another research study by Turkstra, Jones, and Toler (2003), looks at TBIs in connection to violent crime. They argue that "Given the influence of non-TBI demographic variables on criminal behavior, it is critical to compare offenders to true peers in studies linking crime with brain injury" (Turkstra et. al, 2003, p. 40). To control for this, they recruited 40, TBI affected, African-American males to participate in the study—20 having been convicted of violent crimes and 20 never having been convicted of a violent crime. Their results did not support the hypothesis that those convicted of violent crimes are more likely to have a TBI. However, they argue that the results of their study and of other such studies "suggest that a substantial portion of the criminal population has sustained a TBI at some point in life" and that "Whether TBI is considered in terms of being a contributory cause of criminal conduct or a consideration in the formation of more effective sentences, the study's results support the need for comprehensive pre-sentencing evaluations for criminal defendants" (Turkstra et. al, 2003, p. 46).

TBIs can cause a multitude of cognitive, emotional, and behavioral disabilities. For example, TBIs can lead affected persons to become frustrated with their injury and can cause personality traits, such as impulsivity and aggression, to change. TBIs can also cause people to lose their ability to control their emotions, thoughts, or conduct (Winslade, 2003). All of these

effects can result in the affected person committing a crime, even when they have no previous criminal involvement.

Substance Abuse

Many soldiers that get arrested are arrested for substance abuse related crimes. The Bureau of Justice Statistics found that in 2004 alone 46 percent of veterans in federal prison and 15 percent of veterans in state prison were there for drug related crimes. Furthermore, more than 25 percent of the veterans in prison were intoxicated when arrested (cited in Drug Policy Alliance, 2009). According to a 2008 Department of Defense survey "non-medical use of prescription drugs among active duty…personnel doubled from 2002 (2 percent) to 2005 (4 percent)" and "From 2005 to 2008, the rate almost tripled, soaring to 11 percent" (cited in Office of National Drug Control Policy, 2010, p. 1).

Substance abuse among soldiers is often a result of untreated PTSD as these soldiers are using drugs or alcohol to self-medicate (Cartwright, 2011; Pratt, 2010). A study, conducted by Petrakis, Rosenheck, and Desai (2011), examines this connection between PTSD and substance abuse. For their data they used a registry of every patient treated in any VA during a one-year period. They then identified those that served in Vietnam or in following wars and who had a diagnosis of PTSD, major depression, bipolar, schizophrenia, anxiety, or dysthymia. What they found was that those diagnosed with PTSD were slightly more likely to be dually diagnosed with substance abuse than those without PTSD (21.7% v. 21.1%). While mental disorders such as schizophrenia or bipolar were more highly dual diagnosed, Petrakis et. al (2011) notes that "PTSD does occur more commonly than do the other serious psychiatric disorders" (p. 189). As

such, programs to address the comorbidity of PTSD and substance abuse are still extremely important.

Other Problems

Another substantial issue for veterans is unemployment. According to the Bureau of Labor Statistics (2012), the unemployment rate for Iraq and Afghanistan veterans is 10.3 percent compared to the nation's unemployment rate which, as of October 2012, is 7.9 percent. While unemployment is a serious issue for many Americans, it can be devastating for returning veterans, especially for those coming home with mental health issues. The rejection from the people of the country that they proudly served can aggravate their already precarious mental state and cause a soldier to lash out (Berenson, 2010).

A study by Raphael and Winter-Ebmer (2001), analyzes the relationship between the unemployment rate and crime rates for property crimes—burglary, larceny, and auto theft—and violent crimes—murder rape, robbery, and assault. Their data consisted of the crime rates, for those seven crimes, for all 50 states from 1971-97, as well as the unemployment rate for the states from 1971-97. Upon analyzing this data they found that a 1 percent decrease in unemployment causes a decrease in property crime by 1.6-2.4 percent, which means that slightly over 40 percent of the decline in property crime can be attributed to a decrease in the unemployment rate. For violent crime, a 1 percent decrease in unemployment only results in a .5 percent decrease. Raphael and Winter-Ebmer (2001) argue that even though unemployment appears to only have a significant impact on property crimes, and not violent crimes, the effect of unemployment on crime rates is substantial and suggests "that policies aimed at improving the employment prospects of workers facing the greatest obstacles can be effective tools for

combating crime" (p. 281). Having programs in place to help jobless individuals can have a significant positive impact on reducing crime rates.

An additional problem facing veterans is homelessness. According to the National Law Center on Homelessness and Poverty (2009), each year anywhere from 2.3 to 3.5 million Americans are homeless—with approximately 42 to 62 percent of the homeless being adults. Homeless individuals account for a sizable portion of the incarcerated population. The American Correctional Association (2002) puts the number of offenders that were homeless before arrest at 9 percent, while Greenberg and Rosenheck (2008) put the number at 15.3 percent. Regardless of which is correct it is apparent that being homeless can have an impact on one's chances of being incarcerated. This is a significant problem for veterans because one out of three homeless adults is a veteran (National Coalition for Homeless Veterans, 2012). Those are not good odds for America's veterans.

Veterans Treatment Courts (VTCs)

The idea of specialized problem-solving courts is fairly new. Feinblatt (2000) states that these problem-solving courts are designed to respond to persistent problems with issues like drugs, mental health, and brain dysfunction (cited in Pratt, 2010). Once such specialty court—veterans court—has been developed due to an observed increase in veterans being charged with a crime, for most their first. For example, the NBC Investigative Unit for the San Francisco Bay Area found that, since 2011, Santa Clara County, California has arrested and booked an average of 60 veterans per day. San Francisco County, California has arrested and booked an average of 97 veterans per day.

Due to this increase of veterans being arrested, policy makers at the federal, state, and local levels have been strongly encouraging the establishment of veterans courts across the United States (Holbrook & Anderson, 2011). Recently, the National Association of Drug Court Professionals and the National Drug Court Institute established a Veteran Treatment Court Mentors Program that features "four courts that serve a pivotal role in training, research and technical assistance" for veteran courts (Kravetz, 2012, p. 179). These four courts are the Buffalo, Tulsa, Orange County, and Santa Clara County veteran treatment courts (Kravetz, 2012). It is clear that the government sees a growing need for these veterans to receive proper assistance from the criminal justice system.

Brief History of Veterans Treatment Courts

The first VTC was established in 2004 in Anchorage, Alaska by District Court Judge Sigurd E. Murphy and Superior Court Judge Jack Smith (Smith, 2012). This court, however, was only a small scale effort and as such it is often the veterans court in Buffalo, New York—started in 2008—that is considered the first veterans court in the United States (Berenson, 2010). The Buffalo Veterans Court was started by Judge Robert Russell, also a military veteran, as most veterans court judges are. Since the development of the Buffalo court, twenty-seven states have adopted their own programs, making approximately one hundred veterans courts in the United States (Justice for Vets, 2012).

Integral in the methodology of VTCs is the understanding that if the risk factors—substance abuse, mental illness, homelessness, or others—for criminal behavior are not addressed then the veteran will likely have future contact with the criminal justice system (Holbrook & Anderson, 2011). VTCs serve both rehabilitative and preventative functions. This

is done by offering treatment for the conditions that have led the veteran to commit a crime while simultaneously reducing their risk of recidivism (Cavanaugh, 2011). These courts partner with federal, state, and local authorities to successfully implement these functions. These partnerships range from pro bono legal services to volunteer mentors to the VA and local groups funding the treatment programs that the veterans go through (Cavanaugh, 2011). In most VTC programs, if the veteran successfully completes the program—ranging from 1 ½ to 2 years—their charges may be dropped or jail time avoided (Berenson, 2010; Kravetz, 2012).

Since their inception, VTCs have embraced a community-based approach that supports veterans, fosters military camaraderie, provides the treatment that veterans desperately need, and helps veterans to become productive members of society once more (Cavanaugh, 2011; Holbrook & Anderson, 2011).

Essential Elements of a Veterans Treatment Court

Although veterans courts can be different from one another, most tend to follow the basic design of the Buffalo Veterans Court. Judge Russell (2009) developed the key components, or the essential elements, of the Buffalo court by modifying the drug court components. The following table outlines these components:

1. Veterans Treat Court integrates alcohol, drug treatment, and mental health services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the Veterans Treatment Court program.
4. The Veterans Treatment Court provides access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Veterans Treatment Court responses to participants' compliance.

7. Ongoing judicial interaction with each veteran in essential.
8. Monitoring and evaluation measures the achievement of program goals and gauges effectiveness.
9. Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operation.
10. Forging partnerships among the Veterans Treatment Court, the VA, public agencies, and community-based organizations generates local support and enhances the Veterans Treatment Court's effectiveness.

(Cited in Holbrook & Anderson, 2011, p. 32)

Many VTCs use mentors, who are veterans, in order to provide the veterans in the program additional support.

Eligibility for Veterans Treatment Courts

The eligibility requirements of VTCs can differ, but again, most tend to be in line with the Buffalo court. The Buffalo Veterans Court limits those who can be in the program to those that suffer from damage (PTSD, TBI) caused by combat or hazardous duty. The court only accepts low-level, nonviolent misdemeanors and felonies. Some courts, according to a study done by Holbrook and Anderson (2011), will allow violent misdemeanors and felonies, but tend to base their exception on the severity of charge. For example, they might except felony assault III but not felony assault I. Further, for some courts it must be a first time offense for the veteran. The veteran must plead guilty to the crime and adhere to the conditions (treatment, community service work, drug testing, etc.) that the court orders. Veteran court programs range from 12 to 24 months, with most being 18 months long (Cavanaugh, 2011).

Controversies and Criticisms of Veteran Treatment Courts

As with any new innovation, there are controversies and criticisms. VTCs are no exception. There are several that plague U.S. veterans courts, including cost, whether they

should include domestic violence cases, and whether this model gives veterans preferential treatment.

A major controversy over VTCs is the inclusion of violent offenses, especially domestic violence. The inclusion of domestic violence is such a significant issue because research on the correlation between domestic violence and PTSD or TBI is still in its early stages. Not knowing the connection between the two can have an acute effect on the effectiveness of any treatment they might receive (Kravetz, 2012).

Another significant criticism of VTCs is that of perceived "special treatment." Cartwright (2011) addressed the idea that VTCs make veterans "a special class of defendants who receive a 'get out of jail free' card just by virtue of having served in the military" (p. 307). Hawkins (2010) noted that the establishment of such a court would take away what limited resources were available for traditional courts. Finally, Kravetz (2012) argued that rights were being provided to veterans that others, who have also been effected by trauma, are not receiving.

A final criticism of VTCs revolves around cost. According to Berenson (2010) specialty courts tend to be more expensive than their traditional counterparts. This can be a significant issue for some counties that might be struggling financially. Berenson (2010) also notes that while specialty courts are more expensive than traditional ones they are still less costly than incarceration or recidivism. This is confirmed by Hank Pirowski, the Buffalo Court Project Manager, who argues that "While it may seem more costly for veterans to go through treatment programs under the direction of the Buffalo Court, it actually costs less than ten percent of the

total amount spent on incarcerating an individual" (cited in Cavanaugh, 2011, p. 477). This would seem to indicate that if a cost-benefit analysis was done it would find in favor of VTCs.

Outcomes of Veterans Treatment Courts

With VTCs being such a new innovation there has been very little data for researchers to collect on their effectiveness of reducing recidivism. However, according to Pratt (2010) there have been several success stories out of the Buffalo Veterans Court. From January of 2008 to September of 2009,120 veterans had entered the Buffalo Veterans Court. Three-fourths of those veterans did not have jobs, but are all now employed or enrolled in an educational institute and every veteran that came into the court homeless now has housing (Cavanaugh, 2011). Judge Russell, from the Buffalo Veterans Court, stated in 2009, that out of the one hundred veterans who came through his court, only two had reoffended as of that time (cited in Berenson, 2010, p. 3). A study done by Holbrook and Anderson (2011) found that veterans courts are at least as effective in reducing recidivism as drug and mental health courts.

On October 14, 2012, *60 Minutes* did a short television broadcast on the Harris County Veterans Court in Houston, Texas. In Harris County, Texas there are approximately 400 veterans arrested every month. This is why a veterans court was formed in 2009, which handles approximately 40 veterans a year. There have been several success stories out of this court. For example, one veteran was facing up to 20 years for assault with a deadly weapon, but has graduated from the program with his record expunged and has 2 years of sobriety. He is now a mentor for other veterans that are going through the court process. Another veteran, looking at 10 years for assault, is set to graduate from the program and is going to college with help from

the program. There have been approximately 100 veterans that have participated in the Harris County program and so far only 9 have been removed from it. Harris County appears to have a strong program that is helping to tackle this ever growing problem.

This kind of success does not happen for all courts though. For example, the Anchorage Veterans Court in Alaska has a recidivism rate of 45 percent as of 2012. It should be noted though that Alaska has an incredibly high recidivism rate to begin with, at 50.4 percent (Smith, 2012). Overall, it will take more time for proper data to be collected and the effectiveness of these courts to be fully evaluated.

Theory of Change

VTCs are becoming a common component of many state criminal justice systems. Their development has implications for not only the veterans that have contact with the criminal justice system, but also for those who have yet to return from the war, as well as for the future formation of other types of specialty courts. The unique nature of what veterans experience throughout their careers puts them at a disadvantage when returning home. A common suggestion in the criminal justice system is to divert these veterans into drug or mental health courts that already exist instead of developing a VTC. This is simply unacceptable, as drug and mental health courts fail to address the unique needs of combat veterans. According to Cartwright (2011), treatment courts "are designed to address the underlying problem at the root of criminal activity: for drug courts, a substance dependency, or for mental health courts, a mental illness" (303). For combat veterans though, their underlying issue is not their substance abuse or mental illness—it is

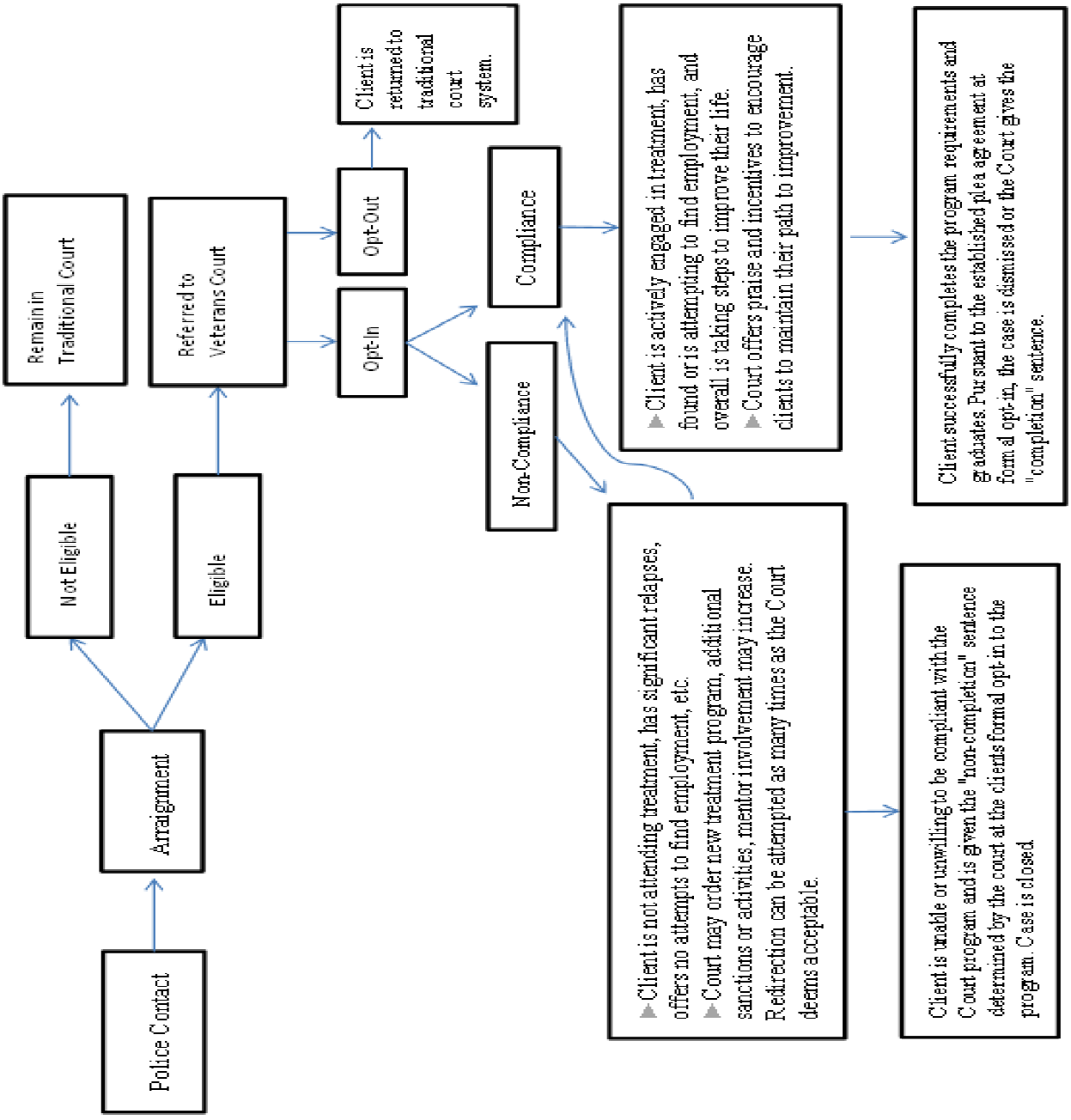
combat trauma. Because of this, drug and mental health courts cannot effectively address the veterans root problem. This is why areas with high combat veteran arrests should develop VTCs.

Proposed Washington County Veterans Treatment Court

The proposed court would be a twelve to eighteen month, four phase model with a thirty to forty-five day orientation. Eligible offenses would be misdemeanors and non-violent felonies (with exception for assault without intent), however, it is up to the judge and the district attorney to decide which crimes would be eligible for the court.

The court will serve approximately eighty-eight clients at any given time. This number was derived from the Santa Clara County VTC. According to the U.S. Census Department (2011), Santa Clara County has approximately 70,000 veterans and Washington County has around 35,000. The number of clients in the Santa Clara County VTC is around 175 at any given time and as such it can be argued that since Santa Clara has twice as many veterans they will see twice as many clients in the program. Therefore the average number of clients that the Washington County VTC should have at any given time would be around 88.

Proceedings Flow for the Court


Police Contact
Arraignment
Not Eligible
Eligible
Remain in Traditional Court
Referred to Veterans Court
Opt-Out
Opt-In
Client is returned to traditional court system.
Compliance
Non-Compliance
Client is actively engaged in treatment, has found or is attempting to find employment, and overall is taking steps to improve their life.
Court offers praise and incentives to encourage clients to maintain their path to improvement.
Client successfully completes the program requirements and graduates. Pursuant to the established plea agreement at formal opt-in, the case is dismissed or the Court gives the "completion" sentence.
Client is not attending treatment, has significant relapses, offers no attempts to find employment, etc.
Court may order new treatment program, additional sanctions or activities, mentor involvement may increase. Redirection can be attempted as many times as the Court deems acceptable.
Client is unable or unwilling to be compliant with the Court program and is given the "non-completion" sentence determined by the court at the client's formal opt-in to the program. Case is closed.

Veteran Court Treatment Team

Different courts will have differing numbers of team members, but for the proposed Washington County VTC there will be a team of eight professionals. These team members and their responsibilities will be as listed below:

Team Member:	Responsibilities:
County Judge	Determines client's acceptance into the program with assistance from treatment team. Makes final determinations as to phase advancement, sanctions/incentives, termination and graduation from the program.
County Prosecutor	Reviews all referrals for legal eligibility. Monitors participant progress throughout program.
Defense Attorney	Works with the treatment team and provides proper legal counsel to participant throughout the program.
Program Coordinator	Works in conjunction with the treatment team and criminal justice system to help with accessing resources, coordinating services, and managing the docket.
Probation/Parole Officer	Helps create and implement treatment and supervision plans. Attend both treatment meetings and court appearances.
Veteran Justice Outreach Coordinator	Liaison between the treatment team and the Veteran Administration.
Treatment Coordinator	Liaison between the treatment team and the treatment providers.
Mentor Coordinator	Trains and supervises volunteer mentors.

(Hamilton County, Ingham County, Dauphin County, Fifteenth Judicial Circuit of Florida)

Mentor Program

The Washington County Court will have a volunteer mentor program. Mentors are individuals—from any of the five U.S. military branches—that have had combat experience. Their role is to foster a positive relationship with their mentee (the client). They should

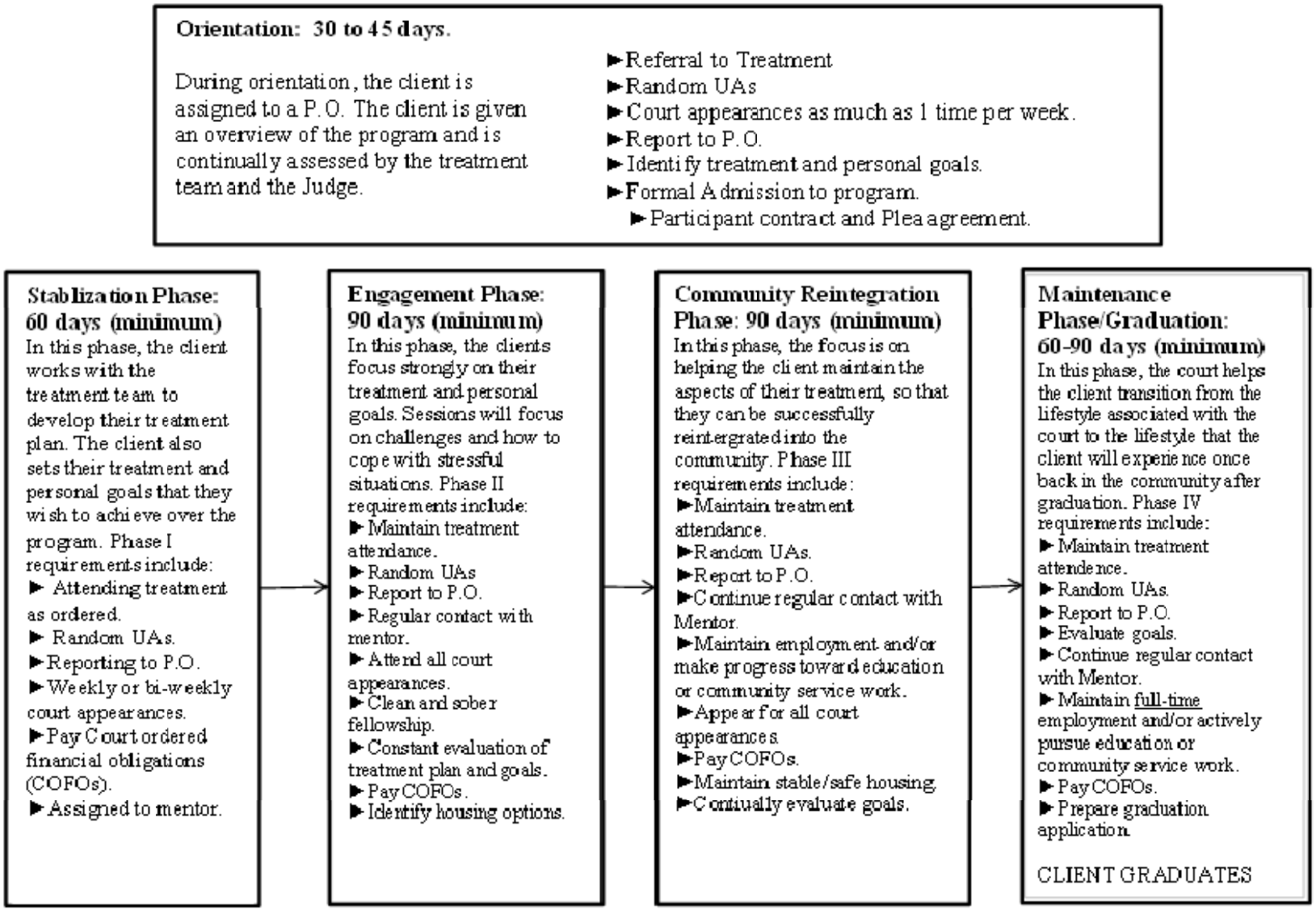
encourage, guide, and support their mentee throughout the course of the program. Mentors must commit to a minimum of six months, but for the benefit of the client it is preferred that they commit to the entire length of the program. There is no required number of mentors, however, they should not be overwhelmed with mentees. The Mentor Coordinator will review and accept mentors in addition to training them.

Admission into the Court

Once the veteran is determined to be eligible for the program, he/she enters orientation. Before being officially accepted into the program, there are steps that must be taken. First, the veteran is given a participant handbook and is informed of the program requirements. They must then formally opt-in to the program. For most courts this would require the client to plead guilty. This is known as a post-adjudication model. For this court, however, a pre-adjudication model will be used. This means that the client is not required to enter a guilty plea in order to participate in the program. This adjustment is fairly controversial, however, there are several benefits to this model—granted they are mostly benefits for the client rather than the court.

The Washington County VTC will be a deferred entry model. In the deferred entry model, the defendant will plead guilty to the offense, but the plea is not entered into the record by the judge—instead the plea will be retained as long as the defendant is in the program. If the defendant is successful in the program, their plea will be expunged. However, if the client is terminated from the program, the judge will officially enter the plea into record and pronounce sentence.

Court Phases


Orientation: 30 to 45 days.
During orientation, the client is assigned to a P.O. The client is given an overview of the program and is continually assessed by the treatment team and the Judge.
►Referral to Treatment
►Random UAs
►Court appearances as much as 1 time per week.
►Report to P.O.
►Identify treatment and personal goals.
►Formal Admission to program.
►Participant contract and Plea agreement.
Stablization Phase: 60 days (minimum)
In this phase, the client works with the treatment team to develop their treatment plan. The client also sets their treatment and personal goals that they wish to achieve over the program. Phase I requirements include:
► Attending treatment as ordered.
► Random UAs.
►Reporting to P.O.
►Weekly or bi-weekly court appearances.
►Pay Court ordered financial obligations (COFOs).
►Assigned to mentor.
Engagement Phase: 90 days (minimum)
In this phase, the clients focus strongly on their treatment and personal goals. Sessions will focus on challenges and how to cope with stressful situations. Phase II requirements include:
► Maintain treatment attendance.
► Random UAs
► Report to P.O.
► Regular contact with mentor.
► Attend all court appearances.
► Clean and sober fellowship.
► Constant evaluation of treatment plan and goals.
► Pay COFOs.
► Identify housing options.
Community Reintegration Phase: 90 days (minimum)
In this phase, the focus is on helping the client maintain the aspects of their treatment, so that they can be successfully reintergrated into the community. Phase III requirements include:
►Maintain treatment attendance.
►Random UAs.
►Report to P.O.
►Continue regular contact with Mentor.
►Maintain employment and/or make progress toward education or community service work.
►Appear for all court appearances.
►Pay COFOs.
►Maintain stable/safe housing.
►Contiually evaluate goals.
Maintenance Phase/Graduation: 60-90 days (minimum)
In this phase, the court helps the client transition from the lifestyle associated with the court to the lifestyle that the client will experience once back in the community after graduation. Phase IV requirements include:
► Maintain treatment attendence.
► Random UAs.
► Report to P.O.
► Evaluate goals.
► Continue regular contact with Mentor.
► Maintain full-time employment and/or actively pursue education or community service work.
► Pay COFOs.
► Prepare graduation application.
CLIENT GRADUATES

Each phase has its own requirements that the client must complete. Once the client completes the minimum required time of the phase, they will be eligible to apply for phase advancement—this usually involves a written statement by the client explaining why they believe that they should be advanced to the next phase. It is up to the Team to determine if they have met the requirements of the phase and are ready for advancement (Hamilton County Participant Handbook; Ingham County, 2010).

Family Involvement in Treatment

In treatment, substance abuse or mental health, the emphasis is placed on behavior modification and mindfulness of the people the veterans associate with (Russell, 2009). As the veteran's family is, in most cases, their main source of support, it is important that their family be involved in their treatment. This practice is commonly referred to as family psychoeducation. According to Sherman, Fischer, Bowling, Dixon, Ridener, and Harrison (2009), "Family psychoeduation is widely considered an evidence-based practice in the treatment of psychotic disorders" and has been found to result in "reduced risk of relapse, remission of residual psychotic symptoms, and enhanced social and family functioning for the affected individual" (p.254). Studies have also shown that family involvement in treatment helps families to feel less burdened and allows them to assist in the rehabilitation process once the court program is complete (Sherman et. al, 2009; Osher & Kofoed, 1989; Cavanaugh, 2011). By involving the veteran's family in their treatment, the court and treatment providers are giving these veterans a support system that they can rely on once the court and their treatment is complete.

Compliance and Non-Compliance in the Court

Throughout the program, clients will be monitored for compliance with the requirements of the court. Clients are considered in compliance with the program when they are actively engaging in treatment, are attending all court and P.O. appointments, maintaining sobriety, or are making progress toward employment or education. To encourage continued compliance, the court will provide incentives, such as gift cards, bus tokens, praise, or reduced court or P.O. appointments.

If a client is not in compliance with the requirements, sanctions may be applied as a direct consequence. Common sanctions include admonishment by the court, more frequent court or P.O. appointments, community service, increased drug testing, and even brief incarceration. Clients will be given ample opportunities to become compliant with court requirements, however, if they are unable or unwilling to do so they will be terminated from the program and their deferred plea will be applied.

Withdrawal and Termination in the Court

Once in the program, the client will have several opportunities to withdraw from the program both before their formal opt-in and within ten days of their plea. If the client chooses to withdraw from the court, they are transferred back to the traditional court. If they withdraw within the ten days after their plea, it is up to the court as to whether or not they will be transferred back to the traditional court with their plea on record. After the ten day post-plea mark, it is no longer permitted for the client to withdraw from the program—they would instead be terminated from the program by the court (Tulsa County Veterans Treatment Court, 2009).

Client termination from the program can occur for many reasons. These include, but are not limited to: missing treatment, court appearances, or probation meetings; positive UAs; repeatedly breaking program rules; or threatening violence against other participants, treatment providers, or VTC members. Termination from the court will result in the client's deferred plea being imposed (Tulsa County, 2009; Fifteenth Judicial Circuit of Florida).

Client Graduation

Once a client has completed all the requirements of the final phase, they will be eligible to apply for graduation. The Team will convene and review the client's progress throughout the program and collectively determine if the client's application for graduation will be approved. Once the client is approved, they will graduate from the program. Upon their graduation, their deferred plea will be expunged or other action taken as deemed appropriate by the court.

Court Cost and Funding

The cost of any specialty court varies on a year to year basis. This trend is the same for VTCs. The cost of the VTC will depend on the number of clients on the docket and the prices of the treatment providers. According to the U.S. Department of Veterans Affairs (2011), treatment courts save citizens an average of $3.36 for every dollar that is invested in them. As mentioned in the literature review, in the Buffalo court the cost of one person in the program is less one-tenth the cost of incarcerating that same person. In terms of numbers, the average cost of incarcerating a person in New York is, as of 2005, approximately $42,202 therefore the cost of running the Buffalo court is $4,220, or less, per person. In Oregon, the cost of incarcerating a person is, as of 2005, about $24,665—making the cost of the Washington County court

approximately $2,467 per person. This is a significant savings for the government and the tax payers.

There are many ways in which the costs of the court can be offset. One organization that assists with funding is the Substance Abuse and Mental Health Services Administration (SAMHSA). They offer grants to expand substance abuse treatment in the courts, and VTCs are eligible. According to Justice for Vets, an agency that helps counties develop VTCs, there is often low turnout for these grants and as such they are a great opportunity to obtain funds for a court. The costs of the court can also be offset by client fees, VA run treatment, and federal grants.

Evaluating the Court

To evaluate the efficacy of the court, a post-test comparison study would be used. Many specialty courts use this evaluation method. The study would compare the re-arrest rates of three groups—1) those who successfully completed the program, 2) those who were terminated from the program, and 3) those who opted-out of participating in the program—at pre-determined intervals, such as six months, one year, two years, five years, and even ten years. From this analysis, the court can determine the relative effectiveness of the program. What they should see, if the program is effective, is a decrease in the re-arrest rates of those individuals who completed the program compared to those who were terminated for the program and those who opted-out.

The court would also complete—upon client completion, termination, or opting out—an interview. This interview is conducted for the benefit of the court. Continuing evaluation of any intervention is crucial to the success of the intervention. By conducting this interview, the court

can determine what is and is not working for participating clients as well as what they can do to bring more participants into the program. Through continual evaluation, the Court can ensure that it is as effective as possible. In addition, an intervention that can provide evidence of its efficacy will, in most cases, continue to receive funding from their previous supporters and can more easily qualify for other funding.

Further Action

Veterans having contact with the criminal justice system have a plethora of unmet needs. According to the National Gains Center (2008), "The first step in connecting people to services is identification" and in addition to screening for substance abuse and mental health issues it is important that law enforcement "ask questions about military service and traumatic experiences" (p.2). Identifying veterans earlier in the criminal justice process can improve their chances of getting referred to the appropriate services.

When a veteran first has contact with the criminal justice system there are steps that can be taken by law enforcement to ensure that they are appropriately handled. One approach that law enforcement can take is deploying a crisis intervention team whenever there is a behavioral health incident. According to the Substance Abuse and Mental Health Services Administration (2013), "The crisis intervention team model is a strategy for improving the outcomes of law enforcement interactions with people experiencing a behavioral health crisis" and with the advanced training that they receive a crisis intervention team can better "recognize signs and symptoms…of trauma, PTSD" and "verbally de-escalate crises" (p.2). In the interest of public health and safety, criminal justice agencies must take steps to identify and understand veterans and connect them to resources that can properly assist them.

Conclusion

With the war in Iraq over and the war in Afghanistan winding down, there has been a sizable influx of soldiers returning home. Many of these soldiers will bear the physical and mental damages of combat experience. Specialty courts, such as drug and mental health courts, have shown great promise for improving the outcomes of their target populations. While VTCs are relatively new, there have been several studies showing the early signs of their success with reducing veteran recidivism rates. VTCs can save counties a significant amount of money as well as offer these combat veterans an opportunity to get the help they need. As there are approximately 37,000 veterans living in Washington County, the county should strongly consider developing a VTC.

References

American Correctional Association. (2002). *Government and Public Affairs*. Retrieved from https://www.aca.org/government/population.asp

Bautista, J. (2011). *Many Iraq, Afghanistan veterans served multiple tours.* Retrieved from http://www.northjersey.com/specialreports/sept_11_2001_ten_years_later/090911_Many_Iraq_Afghanistan_veterans_served_multiple_tours.html?page=all

Berenson, S. (2010). The movement toward veteran courts. *Journal of Poverty Law and Policy 44,* 37-57.

Cartwright, T. (2011). To care for him who shall have borne the battle: The recent development of veterans treatment courts in America. *Stanford Law and Policy Review 22(1)*, 295-316.

Cavanaugh, J.M. (2011). Helping those who serve: Veterans treatment courts foster rehabilitation and reduce recidivism for offending combat veterans. *New England Law Review 45*, 463-487.

Center for Mental Health Services. (2008). *Responding to the needs of justice-involved combat veterans with service related trauma and mental health conditions.* National GAINS Center. Retrieved from http://www.justiceforvets.org/sites/default/files/files/GAINS%20Report%5B1%5D_0.pdf

Coalition for Iraq and Afghanistan Veterans. (2008). *Report: Women should be allowed in combat units.* Retrieved from http://coalitionforveterans.org/2011/01/report-women-should-be-allowed-in-combat-units/

Cohen, S. (2010). *Revolving door of wars tied to severe PTSD.* Retrieved from http://www.msnbc.msn.com/id/36197461/ns/health-mental_health/t/revolving-door-wars-tied-severe-ptsd/#.ULA7jodfAUE

Daniel, D. (2008). *Post-traumatic stress disorder and the casual link to crime: A looming national tragedy.* Retrieved from http://www.dtic.mil/dtic/tr/fulltext/u2/a485602.pdf

Dauphin County. (2012). *Vet court program participant manual.* Retrieved from http://www.dauphincounty.org/government/Publicly-Elected-Officials/District-Attorney/Documents/Veterans_Court_Participant_Manual.pdf

Fager, Jeff (Producer). (2012, October 14). [60 Minutes]. New York, NY: CBS Broadcasting, INC.

Fifteenth Judicial Circuit of Florida. (2013). *Veteran's Court.* Retrieved from http://www1.spa.american.edu/justice/documents/4107.pdf

Friel, A., White, T., & Hull, A. (2008). Posttraumatic stress disorder and criminal responsibility. *The Journal of Forensic Psychiatry & Psychology 19(1),* 64-85.

Gales, B., & MacVicar, D. (2011). *Finding options for returning veterans.* California Veterans Legal Task Force. Retrieved from http://www.justicepolicy.org/news/3139

Greenberg, G. & Rosenheck, R. (2008). Jail incarceration, homelessness, and mental health: A national study. *Psychiatric Services 59(2),* 170-177.

Hamilton County Municipal Court Veterans Treatment Court. (2013). *Participant Handbook: Guidelines and program information.* Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CC0QFjAA&url=http%3A%2F%2Fwww.hamilton-co.org%2Fmunicipalcourt%2FVeterans%2FVeteran%2520Project%2520Handbook%2520Final%2520Municipal.doc&ei=xLKFUZmWGYGbiAKGiYF4&usg=AFQjCNFnkGqaPy05u3fbhXVcbFsePclrqg

Hartney, C. (2006). *US rates of incarceration: A global perspective.* National Council on Crime and Delinquency. Retrieved from http://www.nccdglobal.org/sites/default/files/publication_pdf/factsheet-us-incarceration.pdf

Hawkins, M.D. (2010). Coming home: Accommodating the special needs of military veterans to the criminal justice system. *Ohio State Journal of Criminal Law 7*, 563-573.

Holbrook, J. & Anderson, S. (2011). Veterans courts: Early outcomes and key indicators for success. *Widener Law School Legal Studies Research Paper Series 11-25*, 1-41.

Ingham County Veterans Treatment Court. (2010). *Developing and Implementing a Veterans' Treatment Court in Michigan.* Retrieved from

http://madcp.dreamhosters.com/sites/default/files/5A%20Starting%20a%20Vets%20Crt%20Developing%20%26%20Implementing%20a%20Vets%20Crt%20.PDF

Institute for Veteran Policy. (2011). *Veterans and criminal justice: A review of the literature.* Swords to Plowshares. Retrieved from http://www.swords-to-plowshares.org/wp-content/uploads/Veterans-and-Criminal-Justic-Literature-Review.pdf

Investigative Unit. (2012). Veterans behind bars. NBC Bay Area. Retrieved from http://www.nbcbayarea.com/investigations/Veterans-Behind-Bars-166063656.html

Iraq and Afghanistan Veterans of America. (2011). *Model, mission and history*. Retrieved from http://iava.org/about

Jacobs, G., McFarland, K., & Ledeen, G. (2012). Serving those who served: Veterans treatment courts in theory and practice. Retrieved from http://www.law.stanford.edu/sites/default/files/childpage/266901/doc/slspublic/Jacobs_McFarland_Ledeen.pdf

Justice for Vets. (2012). *Veteran's treatment court locations*. Retrieved from http://www.justiceforvets.org/veterans-treatment-court-locations

Justice for Vets. (2012). *2013 Veterans treatment court planning initiative.* Retrieved from www.justiceforvets.org/2013-vtcpi

Justice for Vets. (2013). *SAMHSA grants now available for veterans treatment courts.* Retrieved from www.justiceforvets.org/node/142

Kravetz, P. (2012). Way off base: An argument against intimate partner violence cases in veteran treatment courts. *Veterans Law Review 4,* 162-205.

McCormick-Goodhart, M.A. (2013). Leaving no veteran behind: Policies and perspecitives on combat trauma, veterans courts, and the rehabilitative approach to criminal behavior. *Penn State Law Review 117(3),* 895-926.

National Coalition for Homeless Veterans. (2012). *Background & Statistics*. Retrieved from http://nchv.org/index.php/news/media/background_and_statistics/

National Drug Court Institute. (2012). *Santa Clara County veterans treatment court.* National Drug Court Resource Center. Retrieved from http://www.ndcrc.org/content/santa-clara-county-veterans-treatment-court

National Institute of Corrections. (2010). *Oregon.* Corrections Statistics by State. Retrieved from http://nicic.gov/StateStats/?st=or

National Institute of Corrections. (2010). *New York.* Corrections Statistics by State. Retrieved from http://nicic.gov/StateStats/?st=ny

National Institute of Health. (2012). *Serving those who served.* National Institute of Mental Health. Retrieved from http://www.nimh.nih.gov/about/director/2012/serving-those-who-served.shtml

National Law Center on Homelessness & Poverty. (2009). *Tent City Fact Sheet.* Retrieved from http://www.nlchp.org/content/pubs/Tent_City_Fact_Sheet_20091.pdf

Office of National Drug Control Policy. (2010). Study shows increased misuse of prescription drugs in military. *Newsletter of the Office of National Drug Control Policy 1(2),* 1-2.

Osher, F.C., & Kofoed, L.L. (1989). Treatment of patients with psychiatric and psychoactive substance abuse disorders. *Hospital and Community Psychiatry 40(10),* 1025-30.

Petrakis, I.L., Rosenheck, R., & Desai, R. (2011). Substance use comorbidity among veterans with posttraumatic stress disorder and other psychiatric illness. *The American Journal on Addictions 20,* 185-189.

Pratt, M. (2010). New courts on the block: Specialized criminal courts for veterans in the United States. *Appeal 15,* 39-57.

RAND Corporation. (2008*). One in five Iraq and Afghanistan veterans suffer from PTSD or major depression*. Retrieved from http://www.rand.org/news/press/2008/04/17.html

Rao, V., Rosenberg, P., Bertrand, M., Salehinia, S., Spiro, J., Vaishnavi, S., Rastogi, P., Noll, K., Schretlen, D., Brandt, J., Cornwell, E., Makley, M., & Miles, Q. (2009). Aggression after traumatic brain injury: Prevalence & correlates. *Journal of Neuropsychiatry & Clinical Neuroscience 21(4),* 420-429.

Raphael, S. & Winter-Ebmer, R. (2001). Identifying the effect of unemployment on crime. *Journal of Law and Economics 44*, 259-283.

Russell, R.T. (2009). Veterans treatment court: A proactive approach. *New England Journal on Criminal and Civil Confinement 35(2),* 357-72.

self-medication. (n.d.). *The American Heritage® Stedman's Medical Dictionary*. Retrieved

from Dictionary.com website: http://dictionary.reference.com/browse/self-medication

Sherman, M.D., Fischer, E., Bowling, U.B., Dixson, L., Ridener, L., & Harrison, D. (2009). A new engagement strategy in a VA-based family psychoeducation program. *Psychiatric Services, 60(2)*, 254-57.

Smith, J.W. (2012). The Anchorage, Alaska veterans court and recidivism: July 6, 2004-December 31, 2010. *Alaska Law Review 29(1),* 93-111.

Substance Abuse and Mental Health Services Administration. (2013). *Co-occurring disorders and military justice: Creating specialty programs for justice-involved individuals with co-occurring disorders.* Retrieved from http://www.samhsa.gov/co-occurring/topics/military-justice/creating-specialty-programs.aspx

Tulsa Veterans Treatment Court Program. (2009). *Tulsa Veterans Court.* Tulsa County District Court. Retrieved from https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CC0QFjAA&url=http%3A%2F%2Fwww.csctulsa.org%2Ffiles%2Ffile%2F3-15%2520Veterans%2520Treatment%2520Court%2520Client%2520Handbook.doc&ei=3bCFUeHeF-OpiAKM44DYAg&usg=AFQjCNFI3rVxgkax9P9n5fKfPdg_oj2qwA

Turkstra, L., Jones, D., & Toler, H.L. (2003). Brain injury and violent crime. *Brain Injury 17(1),* 39-47.

Ungvarsky, J.J., Conaty, M., &Bellflower, S. (2012) *Back on track: Life skills training for veterans in the criminal justice system.* American Counseling Association. Retrieved from http://www.counseling.org/resources/library/vistas/vistas12/Article_7.pdf

U.S. Census Bureau. (2013). *Santa Clara County, California.* QuickFacts. Retrieved from http://quickfacts.census.gov/qfd/states/06/06085.html

U.S. Department of Defense. (2012). *DoD worldwide numbers for traumatic brain injury*. Military Health System. Retrieved from http://www.health.mil/Research/TBI_Numbers.aspx

U.S. Department of Veterans Affairs (2012). *How common is PTSD?* National Center for PTSD. Retrieved from http://www.ptsd.va.gov/PTSD/public/pages/how-common-is-ptsd.asp

U.S. Department of Veterans Affairs (2004). *Iraq War clinician guide*. National Center for PTSD. Retrieved from http://www.ptsd.va.gov/professional/manuals/iraq-war-clinician-guide.asp

U.S. Department of Veterans Affairs. (2011). *Veterans court in Klamath County.* Southern Oregon Rehabilitation Center & Clinics. Retrieved from www.southernoregon.va.gov/features/Veterans_Court_in_Klamath_County.asp

Winslade, W. (2003). Traumatic brain injury and criminal responsibility. *Medical Ethics 10(3)*.

Wood, D. (2012, July 4). Iraq, Afghanistan War Veterans Struggle With Combat Trauma. *The Huffington Post*. Retrieved from http://www.huffingtonpost.com/2012/07/04/iraq-afghanistan-war-veterans-combat-trauma_n_1645701.html

Appendix 1

Activities	Outputs	Short-term Outcomes	Long-term Outcomes	Evaluation Methods
eatment Mental Health Substance Abuse Anger Management Family/Parenting Domestic Violence b Search Court clients will actively look for, and attempt to obtain, employment. ducation Court clients will be actively engaged in some form of education. This can consist of any of the following: ▪ College ▪ Technology ▪ Life Skills ▪ Job Skills entor Program All court clients will have a mentor to support them throughout the program. The mentor must have had combat experience, whether or not they have had contact with the criminal justice system is up to the discretion of the court.	➢ 18 month program. ➢ Approximately 88 clients at any given time. ➢ Frequency of court appearances: o Clients appear in court once every 1 or 2 weeks—some courts have appearances only once per month. Mostly depends on the phase client is in. ➢ Cost of court operation per year: o The cost of the court varies depending on the client load and service provider rates, etc. ➢ Number of Mentors: o The number of mentors will depend on the caseload of the court. There should be enough mentors, so that they are not overwhelmed with mentees.	➢ Client successfully completes the program. ➢ Repayment of the damages done by the client. ➢ Improved quality of life will be improved—in immediate terms, in one or more of the following ways: o Client is off drugs/alcohol. o Anger/mental health issues are under control. o Client has found housing and/or employment (not necessarily stable housing—can be low income housing, treatment dorm, or living with family).	➢ According to the literature, the Veteran's Court should result in a reduction in the recidivism rates for clients that participated and completed in the program. ➢ The long-term quality of life will be improved—in at least one (hopefully more) of the following ways: o Better physical and or mental health. ▪ This can be due to the client getting off drugs/alcohol or the client getting their mental issues under control. o Ability to develop and maintain healthy relationships—both professionally and personally. o Stable housing and employment.	➢ Post-test comparison group. o 3 comparison grou ▪ Successfully completed progra ▪ Negatively terminated from program. ▪ Opted not to participate in program. ➢ Analyze the recidivis rates for these certain intervals after their completion, terminat or opting out. The intervals are as follo o 6 months. o 12 months (1 year) o 24 months (2 years o 60 months (5 years o 120 months (10 years)—this is opti it will depend on th evaluators if they v follow clients that ➢ Upon client completi termination, or optin out, an interview wil conducted to provide Court with positive and/or negative feedl and to determine wh people that opted-ou so.